Image# 12950434294 PAGE 1 / 4

FEC FORM 1		_	TATEM RGANI												
1. NAME OF			Check if name	Eva	mple:If t	vnina t	vne	-			e Use C	nly			_
COMMITTEE (in		is	s changed)		r the line		урс	12F	'E4M!	5					
Berman fo	r Cong	gress													
ADDRESS (number a	nd street)	6380 Wil	shire Blvd., #16	12											
(Check if a															
is changed)		Los Ang	eles					CA		90048	3				
				CITY				STATE	=		ZIP	COD	ÞΕ		
COMMITTEE'S E-MA	AL ADDRES	•		ne e-mail ad	ldress)										
(Check if	address	jane20@	pacbell.net												
is change															
COMMITTEE'S WEB	PAGE ADD	RESS (UI	RL)												
_		· L	, <u> </u>												
(Check if is change															
2. DATE 02	M / D 01	D / Y	2012												
3. FEC IDENTIFIC	CATION NU	MBER	С	C001476	36										
4. IS THIS STATE	MENT X	NEW	(N) OR		AM	IENDED) (A)								
I certify that I have e	examined th	is Stateme	ent and to the l	pest of my	knowled	ge and	belief i	t is true,	correc	ct and c	omple	te.			
Type or Print Name	of Treasurer	Bruce C	orwin												
Signature of Treasure	Bruce C er	orwin			[Electro	nically I	Filed]	Date	M 02	2 /	01		20)12	
NOTE: Submission of			omplete informati								nalties	of 2	J.S.C.	§437	J.
Office		WELL OUTAIN	CE IIV IIVI ORIV	, a lon one		ner infori			O DATE		FC I	-OP	M 1		_

L	Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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FEC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	
	e Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below	·.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate
Name of Candidate	Mr. Howard L Berman	
Candidate	Office Sought: X House Senate President	State
Party Affilia	tion DEM Sought: X House Senate President	District 30
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 0	12/2009)	Page 3
Write or Type Committee Name		<u> </u>
Berman for Con	aress	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
ChutzPAC		
	6380 Wilshire Blvd # 1612	
Mailing Address	0.300 Wilstille Bivd # 1012	
	Los Angeles CA 90048	
	CITY	D CODE
	CITY STATE ZI	P CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative X Leader	ership PAC Sponso
. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in posse	ssion of committee
Jane Leide	rman	
Full Name Mailing Address	6380 Wilshire Blvd. Suite 1612	
Mailing Address		
	Los Angeles CA 90048	
Title or Position	CITY STATE ZII	P CODE
Assistant Treasurer	Telephone number 323 - 65	5 4065
. Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
Full Name Mr. Bruce C	Corwin	
of Treasurer		
Mailing Address	8727 W. Third Street	
	Los Angeles CA 90048	
Title on Decition	CITY STATE ZIF	P CODE
Title or Position Treasurer	Telephone number	

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Mary Ellen Padilla		
Mailing Address	6380 Wilshire Blvd. Suite 1612		
	Los Angeles CITY	CA STATE	90048 ZIP CODE
Title or Position Assistant Treasure	er Telep	phone number 323	_ 655 _ 4065
safety deposit boxe Name of Bank, De	epositories: List all banks or other depositories in which thes or maintains funds. pository, etc. CA Bank & Trust	e committee deposits fun	ds, holds accounts, rents
L Mailing Address	550 S Hope St		
	Los Angeles	CA	90071
	CITY	STATE	ZIP CODE
Name of Bank, De	pository, etc.		
L			
Mailing Address			